


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2007 08:00 AM
Secretary of State

DOCUMENT # 761551		
1. Entity Name SEAPOINTE CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 101 EAST OCEAN AVE. KEY COLONY BEACH, FL 33051 US	Mailing Address PO BOX 510479 KEY COLONY BEACH, FL 33051 US	



01032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1560964	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent O'HERRON, BILLY 101 EAST OCEAN DRIVE KEY COLONY BEACH, FL 33051

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000637748
02/26/07-80073-014 61.25**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LUNEACK, KEN 101 E OCEAN DR., KEY COLONY BCH, FL 33051
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KURATNICK, DAVID 101 E. OCEAN DR KEY COLONY BEACH, FL 33051
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'HERRON, BILLY 101 E. OCEAN DR KEY COLONY BEACH, FL 33051
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/07
Date Daytime Phone #